



YOUTH COMMUNITY CORRECTIONS BUREAU USE OF FORCE INFORMATION SHEET

YOUTH INFORMATION

Youth Name: _____ Youth ID: _____ Unit: _____ Custody: _____

Race Code: ☐ American Indian ☐ Asian ☐ Black ☐ White ☐ Hispanic ☐ Other

INCIDENT INFORMATION

Date of Incident: _____ Time of Incident: _____ Place of Incident: _____

On-Scene Supervisor: _____

Photographed? ☐ Yes ☐ No Videotaped? ☐ Yes ☐ No Processed as Evidence? ☐ Yes ☐ No

Administrator Notified? ☐ Yes ☐ No Date Notified: _____ Time Notified: _____

On-Scene Medical Staff: _____ Time Notified: _____

Medical Evaluation Completed? ☐ Yes ☐ No By : _____

Reporting Shift Supervisor: _____

Level of Force Applied

Active Counter Measure:

- ☐ Physical Force/Self Defense
- ☐ Restraints
- ☐ OC
- ☐ Chemical Agents
- ☐ Batons
- ☐ Distraction Device
- ☐ Kinetic Devices

Deadly:

- ☐ Firearms
- ☐ Other

Reason for Force

- ☐ Self Defense/Defense of another
- ☐ Maintenance of Security
- ☐ Prevention of a Crime
- ☐ Prevention of Suicide/Self Mutilation
- ☐ Prevention of Escape
- ☐ Destruction of Property
- ☐ Refusal of an Order

Staff Involved

Report Filed

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Youth Involved

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Victims Involved

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Witnesses

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Other

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Upon completion, fax form to Youth Community Corrections Bureau (406-444-0522).